

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES



The Division of Nutritional Health and Services

Nutrition in Focus

Late Adulthood (65 and over)

Aging is a dynamic and complex process that results from cellular, physiological, and psychological changes. Although many elderly individuals exhibit a decline in organ function and in metabolic activities, a number of them show no decline in functional status with age. This distinction has led to distinguishing "successful" aging from "usual" aging, which may reflect pathology more often associated with a lifetime of poor health habits, including poor dietary patterns, smoking, drinking, limited exercise, and other stress-related factors rather than aging alone. Many of the diseases suffered by the elderly are the result of dietary factors operating since infancy. These factors are then compounded by changes that occur naturally with the aging process. An individual in this phase of life needs fewer calories, but exactly how that individual needs to eat still depends on how active the person is. Because less food is consumed to maintain a healthy weight, more care must be taken to choose low-fat and nutrient-rich foods. As the years pass by, lean body mass (muscle) is lost, metabolic rate slows, and calories are burned more slowly. As people age, their bodies become less forgiving and more effort must be made to eat well and stay healthy.

What are the consequences of poor nutrition?

- ⇒ The elderly population is at increased risk for degenerative diseases such as cerebrovascular disease, diabetes, osteoporosis, and cancer.
- ⇒ Women are at a greater risk for osteoporosis because their bone loss accelerates after menopause.
- ⇒ Decreased immune function in late adulthood increases the risk of opportunistic infections that can foreshorten life.

What are we doing?

- ⇒ Providing culturally consistent messages to promote healthy eating and physical activity through the *Eat for Health* and the *5-A-Day for Better Health* Campaigns. (*Assurance*)

- ⇒ Strengthening outreach efforts to increase participation of older adults in the Child and Adult Food Program (CACFP). *(Assurance)*
- ⇒ Educating nutritionists and community-based educators to provide more effective nutrition education. *(Assurance)*
- ⇒ Designing a population-based monitoring and surveillance system that will assess the nutritional health status of all Missourians, regardless of age or income level. *(Assessment)*

How are we doing?

- ⇒ Adult participation in the CACFP has increased from 280 in 1998 to 439 in 2000.

What more can we do?

- ⇒ Continually seek effective and creative methods to communicate nutrition messages to adults in a variety of forums - church, workplace, and recreational venues.
- ⇒ Assure that disadvantaged adults have access to adequate nutrition and health.
- ⇒ Assess regularly and systematically the nutritional status of the elderly in Missouri, and develop policies and programs to address unmet needs.

**Missouri Department of Health and Senior Services
Division of Nutritional Health and Services
930 Wildwood, P.O. Box 570
Jefferson City, MO 65109
(573) 526-5520**